

Admission Packet

Amerstate University



Amerstate University

401 Wisconsin Avenue Racine, Wisconsin 53403 P: 262-635-0614 F: 262-635-098
E-mail: info@auwi.org

Amerstate University



APPLICANT INFORMATION

(Please print or type)

Last Name _____

First and Middle Name _____

Preferred Name _____

Age _____ Date of Birth _____

Social Security Number _____

Citizenship (if dual, please indicate) _____

Street Address _____

City, State/Province, ZIP _____

Country _____

Telephone _____

Email Address _____

Check appropriate boxes: ___ Male ___ Female

How did you hear about Amerstate University?

Do you have any special medical or dietary restrictions or requirements; or are you taking any medications? (Including allergies and/or detailed information about medications) If yes, please explain:

CURRENT INTENT AND OBJECTIVE

___ on Campus Course:

Applying for term beginning: ___ Fall ___ Spring ___ Summer Session

Enrollment Status: ___ Full-time ___ Part-time

Program of Study: ___ English as a Second Language
___ Master's of Science in Martial Arts

___ Distance Learning Program:

Applying for term beginning: ___ Fall ___ Spring ___ Summer Session

Enrollment Status: ___ Full-time ___ Part-time

Program of Study: ___ Master's of Science in Martial Arts

CITIZENSHIP/VISA STATUS

U.S. Citizen

I am residing in the U.S. as an immigrant.

Alien Registration Number: _____

I am not residing in the U.S. as an immigrant.

Visa Category: _____ **Visa Expiration Date:** _____

FAMILY INFORMATION

	Relationship	Name	DOB	Occupation
1				
2				
3				
4				
5				

ACADEMIC BACKGROUND

Last school attended: _____

Year graduated/GED completion: _____

Is English your first language? Yes No

If English is not your first language, did you begin English before the age of 12?

Yes No If yes, indicate age _____

Where did you learn English? _____

What university are you attending, or did you graduate from?

What is your major?

Describe what you hope to achieve through the Master of Science in Martial Arts program.

Signature of Applicant

Date

Complete and send ALL Application Forms along with a non-refundable \$100.00 Application Fee payable to:

Amerstate University, LTD

401 Wisconsin Ave.

Racine, WI 53403

(Faxed or e-mailed applications are not considered complete until the fee is received.)

Tel: (262) 635-0614

Fax: (262) 635-0989

E-mail: info@auwi.org

The following documents are necessary to complete the application process.

All applicants must include:

- Application Form
- Release Statement
- \$100 non-refundable Application Fee
- Copies of any awards or recognition of achievement
- Proof of Financials (Banking/Savings statements) if you are an international student.
- Two (2) pictures of yourself

and

- Translated official transcripts (Bachelor's Degree)

or

- High School diploma
- Certification of qualification of 4th Dan or higher Black Belt in Martial Arts
- Certificate of qualification of Master Instructor in Martial Arts
- 12 years proven teaching experience

Course enrollment is available at any time during the year.

Orientation and coursework will begin upon acceptance into the program.

Applicant's Release Statement



HEALTH/MEDICAL, FINANCIAL AND ACADEMIC RELEASE STATEMENT

I have read all of the information and requirements to attend Amerstate University, Ltd. I fully understand the cost of the program and agree to accept responsibility for payment of these expenses. In case of illness/injury, permission is granted to any appropriate medical center to examine or treat and make any referral deemed necessary.

Permission is also granted to release medical information to other appropriate individuals. I hereby waive and release the program management and sponsors from any liability for any injury or illness incurred while enrolled at Amerstate University, Ltd. I will be financially responsible for any medical attention needed during the program.

I give my permission to Amerstate University, Ltd to release my academic records to the sponsoring agency, or other schools to which I may apply after completing the Amerstate University.

I also release all photographs/images taken of me while at Amerstate University as the property of the University and I permit the use of these photographs to be used in educational research and promotional materials.

Signature of Applicant

Date

Notice of Nondiscriminatory Policy as to Students: Amerstate University, Ltd, (F/K/A/ University of International Arts, Ltd.) admits students of any race, color, national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs or athletic and other school-administered programs.

PAYMENT FORM

Amerstate University has instituted the following methods of payment for your convenience (please select):

- PERSONAL CHECK**
 CASHIER'S CHECK
 CREDIT CARD
 BANK TRANSFER / ELECTRONIC FUNDS TRANSFER (EFT)

There is a \$35 NSF fee for all returned Checks. A late payment fee of \$100.00 will be before any month of 5th.

All major credit cards are accepted. A 3% plus processing fee will be added to all credit card transactions

(Fees may change without notice). If selecting credit card payment, please submit all required information in order to process payment:

Type of Card: () Visa () Master Card () Discover () American Express () Other

Full Name of Credit Card Holder

(As appears on face of card): _____

Credit Card Number: _____

Expiration Date: _____

Security Code (3 digits on back of card): _____

Billing Address: _____

City, State, Zip: _____

Amount authorized to charge to credit card: _____

If selecting bank transfer / electronic funds transfer (EFT), please submit all required information in order to process payment:

Bank Name: _____

Bank Routing Number: _____

Account Number: _____

Account Holder Name: _____

Amount authorized to charge to account: _____

By signing below, I agree to pay Amerstate University all tuition in a timely fashion. I understand that fulfilling my financial obligations with Amerstate University is required to be considered in good standing with the University.

Authorization Signature: _____

Date: _____

* Please include this form with your Admissions Application